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Bib Data Sheet

CONFIRMATION NO. 8745

SERIAL NUMBER 10/785,350	FILING DATE 02/24/2004  RULE	CLASS 604	GROUP ART UNIT 3754	ATTORNEY DOCKET NO. 1001.1447103
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/454,269 06/04/2003 PAT 6,723,071  
 which is a CON of 09/808,626 03/14/2001 PAT 6,592,549 *JH*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none JH*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 05/17/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 3	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
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Verified and Acknowledged *James Hill*  
 Examiner's Signature Initials

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TITLE  
 Rapid exchange stent delivery system and associated components

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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